

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599975

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		1				
5		1				
6		5				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
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31		0				
32		0				
33		0				
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36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44			1			
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1					
TOTAL DEP.		46				
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			1			
TOTAL CLAIMS			22			